Appendix F

SUBSPECIALTY CODING VALIDATION REQUEST FORMAT

Date_____ [ ] Out-of-Cycle [ ] Biennial Review [ ] Delete
Packet Number _____

1. Activity Title: _____

2. 10-digit Code: __ __ __ __ __ __ __ __ __ __
    UIC __ __ __ __ __

3. Billet Sequence Code (BSC): __ __ __ __ __

4. Billet Identification Number (BIN): __ __ __ __ __ __ __

5. Billet Designator & Rank (numeric & alphabetic):

    __ __ __ __ __

6. Billet Title: _____NOBC __ __ __ __

7. <u>Assigned</u> Subspecialty Code: (P) __ __ __ __ __
                                        (S) __ __ __ __ __

8. <u>Requested</u> Subspecialty Code: (P) __ __ __ __ __
                                         (S) __ __ __ __ __

9. Work Center mission/function statement:

10. Specific justification for subspecialty code requested:

11. Subspecialty Compensation:

    UIC: __ __ __ __ __
    BIN: __ __ __ __ __ __ __
    BSC: __ __ __ __ __
    DESIG: __ __ __ __
    Requirement Primary SSC: __ __ __ __ __
    Requirement Secondary SSC: __ __ __ __ __

12. Claimant information:

    MMC# _____
    POC: _____
    Telephone: DSN _____
           Commercial _____

SUBSPECIALTY CODING VALIDATION REQUEST INSTRUCTIONS

The Subspecialty Coding Validation Request is prepared by the activity where the manpower requirement/authorization resides and may only contain UNCLASSIFIED information. The request is typed single-sided on plain white bond (suitable for reproduction) and is preferred on one page (must not exceed two pages). The ORIGINAL is sent per OPNAVINST 1000.16. One copy of the subspecialty coding validation request is maintained on file at the command where the subspecialty requirement resides. A second copy is maintained at the manpower claimant level to support biennial Subspecialty Review. It is recommended that this format be reproduced on your computer system and maintained on disk.

DATE: Type or stamp.

OUT-OF-CYCLE: Place an "X" in this block to indicate a request to subspecialty code a requirement out-of-cycle of the Biennial Review.

PACKET NUMBER: Place the packet number to which this out-of-cycle request is to be attached.

BIENNIAL REVIEW: Place an "X" in this block to indicate that form is being submitted in conjunction with the Subspecialty Validation Review (SVR) process. (Note: Changes to manpower requirement and/or authorization designator, grade, title etc., cannot be accomplished during the SVR process.)

DELETE: Place an "X" in this block to indicate a request to un-code a requirement and/or authorization.

1. ACTIVITY TITLE: Enter activity/UIC name as listed on activity ODCR or AMD.

2. 10-DIGIT CODE: Enter 10-digit code as listed on activity ODCR or AMD.

3. BILLET SEQUENCE CODE (BSC): Provide new code.

4. BILLET IDENTIFICATION NUMBER (BIN): Enter 7-digit number.

5. <u>MANPOWER REQUIREMENT/AUTHORIZATION DESIGNATOR AND RANK</u>: Enter the 4-digit designator code followed by the alphabetic single-letter rank code (i.e., ENS = L, LTJG = K, LT = J, LCDR = I, CDR = H, CAPT = G).

6. <u>BILLET TITLE</u>: Transcribe billet title/NOBC from activity ODCR or AMD.

7. <u>ASSIGNED SUBSPECIALTY CODE</u>: List the primary subspecialty code (from ODCR or AMD) or leave blank if manpower requirement and/or authorization is not currently coded. Likewise, list the secondary subspecialty code, if assigned.

NOTE: DO NOT COMPLETE REMAINDER OF THIS FORM IF SUBSPECIALTY CODING VALIDATION REQUEST IS BEING SUBMITTED TO UN-CODE.

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8. <u>REQUESTED SUBSPECIALTY CODE</u>: Enter primary and, if supported, a secondary subspecialty code.

9. <u>WORK CENTER MISSION/FUNCTION STATEMENT</u>: Using the infinitive form of the verb (i.e., to sponsor, to conduct, to maintain), provide a <u>brief statement</u> that describes the major task performed by the work center to effect accomplishment of the activity's mission. Avoid listing purposes, procedures, and methods as functions.

10. <u>SPECIFIC JUSTIFICATION FOR SUBSPECIALTY CODE REQUESTED</u>: Using the third person, singular form of the verb (e.g., coordinates, develops, advises), provide a statement of the major duties and the scope of the responsibilities to be performed by the incumbent. A graduate level education requirement must clearly be supported by this description of duties.

11. <u>SUBSPECIALTY COMPENSATION</u>: Enter subspecialty compensation; it does not have to be the same as the manpower requirement/ authorization compensation.

12. <u>CLAIMANT</u>: Upon receipt, manpower claimant enters 1st and 2nd digit of Claimant Code (see AMD or TFMMS Coding Directory), name and telephone number of claimant staff member who will act as first point of contact.

NEED HELP? Call: CNO (N-131)